

ORIGINAL

UNITED STATES DISTRICT COURT  
DISTRICT OF DELAWARECharles P. Jones

Plaintiff

see (6) Defendants on  
Complaint

Defendant(s)

I, Charles P. Jones Petitioner/Plaintiff/Movant       Other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

APPLICATION TO PROCEED  
WITHOUT PREPAYMENT OF  
FEES AND AFFIDAVIT

CASE NUMBER: 06 129

declare that I am the (check appropriate box)

FEB 27 2006

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated?  Yes       No (If "No" go to Question 2) DISTRICT COURT  
DISTRICT OF DELAWARE

If "YES" state the place of your incarceration Delaware Corr. CenterInmate Identification Number (Required): 581#00228197Are you employed at the institution? YES Do you receive any payment from the institution? YESAttach a ledger sheet from the institution of your incarceration showing at least the past six months' transactions

2. Are you currently employed?  Yes       No

a. If the answer is "YES" state the amount of your take-home salary or wages and pay period a and give the name and address of your employer. \$20 per month's O.C.C.

1181 Paddock Rd Smyrna, DE. 19977

b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

a. Business, profession or other self-employment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b. Rent payments, interest or dividends	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c. Pensions, annuities or life insurance payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d. Disability or workers compensation payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
e. Gifts or inheritances	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Any other sources	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive.

I have received a few gifts from family but I do not expect to receive any more.

Instistion inmate Account sheet attached

4. Do you have any cash or checking or savings accounts?

• Yes

No

If "Yes" state the total amount \$ 0

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property?

• Yes

No

If "Yes" describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, OR state *NONE* if applicable.

I declare under penalty of perjury that the above information is true and correct.

2-19-06  
DATE

Charles W. Johnson  
SIGNATURE OF APPLICANT

**NOTE TO PRISONER:** A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

ORIGINAL

DELAWARE CORRECTIONAL CENTER  
SUPPORT SERVICES OFFICE  
MEMORANDUM

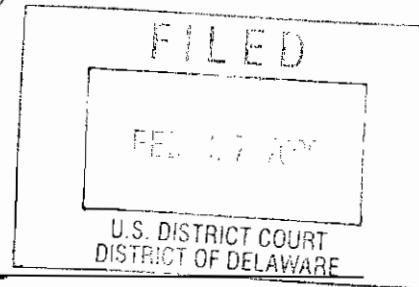
06 129

TO: Charles Jones SBI#: 228197

FROM: Stacy Shane, Support Services Secretary

RE: 6 Months Account Statement

DATE: February 10, 2006



Attached are copies of your inmate account statement for the months of August 1, 2005 to January 31, 2006

The following indicates the average daily balances.

<u>MONTH</u>	<u>AVERAGE DAILY BALANCE</u>
<u>Aug</u>	<u>36.02</u>
<u>Sept</u>	<u>22.53</u>
<u>Oct</u>	<u>2.52</u>
<u>Nov</u>	<u>0.09</u>
<u>Dec</u>	<u>15.23</u>
<u>Jan</u>	<u>12.00</u>

Average daily balances/6 months: 15.84

Attachments

CC: File

Stacy Shane  
2/10/06

Mr. & Mrs.  
Notary Public  
2/14/06

## Individual Statement

Date Printed: 2/10/2006

Page 1 of 1

## For Month of August 2005

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	
00228197	Jones	Charles				\$70.48
Current Location: C		Comments:				

Trans Type	Date	Deposit or Withdrawal		Non-Medical Hold		Trans #	MO # or Ck #	Pay To	Source Name
		Amount	Medical Hold	Hold	Balance				
Canteen	8/2/2005	(\$29.94)	\$0.00	\$0.00	\$40.54	138790			
Canteen	8/17/2005	(\$29.05)	\$0.00	\$0.00	\$11.49	145503			
Mail	8/24/2005	\$40.00	\$0.00	\$0.00	\$51.49	148885	12844976	G JONES	
Canteen	8/30/2005	(\$27.23)	\$0.00	\$0.00	\$24.26	150349			
				Ending Mth Balance:	\$24.26				

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Non-Medical Hold: \$0.00

## Individual Statement

Date Printed: 2/10/2006

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## For Month of September 2005

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:
00228197	Jones	Charles			\$24.26
Current Location: C		Comments:			

Trans Type	Date	Deposit or Withdrawal		Non-Medical Hold		Balance	Trans #	MO # or Ck #	Pay To	SourceName
		Amount	Medical Hold	Hold	Hold					
Wage-1099	9/1/2005	\$2.88	\$0.00	\$0.00	\$0.00	\$27.14	152368		MHU 7/24-8/23	
Canteen	9/13/2005	(\$14.88)	\$0.00	\$0.00	\$0.00	\$12.26	156795			
Canteen	9/15/2005	\$14.88	\$0.00	\$0.00	\$0.00	\$27.14	158346		REFUND	
Canteen	9/27/2005	(\$27.12)	\$0.00	\$0.00	\$0.00	\$0.02	162266			
						Ending Mth Balance:				
						\$0.02				

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Non-Medical Hold: \$0.00

## Individual Statement

Date Printed: 2/10/2006

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## For Month of October 2005

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	\$0.02		
Comments:								
Trans Type	Date	Deposit or Withdrawal	Amount	Medical Hold	Non-Medical Hold	MO # or Ck #	PayTo	SourceName
Wage-1099	10/3/2005	\$9.60	\$0.00	\$0.00		\$9.62	164661	MHU 8/24/9/23
Canteen	10/11/2005	(\$9.56)	\$0.00	\$0.00		\$0.06	169509	
Supplies-MailP	10/14/2005	\$0.00	\$0.00	(\$4.43)		\$0.06	172272	DST/POSTAGE
Ending Mth Balance:						\$0.06		

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Non-Medical Hold: \$0.00

## Individual Statement

Date Printed: 2/10/2006

For Month of November 2005

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SBI 00228197	Last Name Jones	First Name Charles	MI	Suffix	Beg Mth Balance:	\$0.06
Current Location: C		Comments:				
		Deposit or Withdrawal		Non-Medical Hold		MO # or Ck #
		Amount	Medical Hold	Balance	Trans #	Pay To
Trans Type Supplies-MailP	Date 11/11/2005	(\$0.06)	\$0.00	(\$4.37)	\$0.00	DST/POSTAGE
Mail	11/23/2005	\$25.00	\$0.00	\$25.00	188035	4744833979
				Ending Mth Balance:	\$25.00	G. JONES

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Non-Medical Hold: \$0.00

## Individual Statement

Date Printed: 2/10/2006

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## For Month of December 2005

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	\$25.00				
Comments:										
Trans Type	Date	Deposit or Withdrawal	Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO # or Ck #	Pay To	Source Name
Canteen	12/6/2005	(\$20.57)	\$0.00	\$0.00	\$0.00	\$4.43	191730			
Misc	12/14/2005	\$16.34	\$0.00	\$0.00	\$0.00	\$20.77	195269			GRIEVANCE REIMBU
Canteen	12/29/2005	(\$16.35)	\$0.00	\$0.00	\$0.00	\$4.42	201156			
Supplies-MailP	12/29/2005	(\$4.37)	\$0.00	\$0.00	\$0.00	\$0.05	201941			DST/POSTAGE
						Ending Mth Balance:				
						\$0.05				

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Non-Medical Hold: \$0.00

## Individual Statement

Date Printed: 2/10/2006

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## For Month of January 2006

SBU	Last Name	First Name	MI	Suffix	Reg Mth Balance:	\$0.05
00228197	Jones	Charles				
Current Location: C		Comments:				

Trans Type	Date	Deposit or Withdrawal	Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO # or Ck #	Pay To	SourceName
Mail	1/13/2006	\$50.00	\$0.00	\$0.00	\$0.00	\$50.05	208006	0507598200		R. WARNER
Mail	1/19/2006	\$100.00	\$0.00	\$0.00	\$0.00	\$150.05	211173	4777691267		A. VISE
Pay-To	1/19/2006	(\$100.00)	\$0.00	\$0.00	\$0.00	\$50.05	211377		FAME EDWARDS	
Pay-To	1/19/2006	(\$40.00)	\$0.00	\$0.00	\$0.00	\$10.05	211381		FAME EDWARDS	
Canteen	1/26/2006	(\$9.94)	\$0.00	\$0.00	\$0.00	\$0.11	213675			
							Ending Mth Balance:	\$0.11		

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Non-Medical Hold: \$0.00